SUBJECT INFORMATION AND CONSENT FORM AND AUTHORIZATION TO USE AND DISCLOSE PERSONAL HEALTH INFORMATION FOR RESEARCH

Name of Research Study:	Prospective observational study on predictors of early on-treatment response and sustained virological response in a cohort of treatment naïve HCV-infected patients treated with pegylated interferons
Protocol #:	MV21542
Study Acronym:	Prophesys 3
Sponsor:	Hoffmann-La Roche Inc.
Principal Investigator:	**Alan D. Tice MD**
Address(es):	Infections Limited Hawaii 550 S Beretania Street, Suite 400 Honolulu HI 96813
Daytime telephone number(s):	808-373-3488
24-hour contact number(s):	808-373-3488

Patient Hospital/Clinic Identification #: _____

Purpose of the Subject Information and Consent Form

This Subject Information and Consent Form may contain words you do not understand. Please ask the study doctor or the study staff to explain any words or procedures that you do not clearly understand.

The purpose of this form is to give you information about the research study and, if signed, will give your permission to take part in the study. The form describes the purpose, procedures, benefits, risks, discomforts and precautions of the research study. You should take part in the study only if you want to do so. You may refuse to take part or withdraw from this study at any time without penalty or loss of benefits to which you are otherwise entitled. Please read this Subject Information and Consent Form and ask as many questions as needed. You should not sign this form if you have any questions that have not been answered to your satisfaction.